

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046994

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 032  
DEC 23 1963

Primary Registration District No. 404-2 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <b>Bollinger</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lutesville App. 8 ms.</b>		c. CITY OR TOWN <b>Perryville</b> Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bond Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>213 S. Waters</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Carl Heinrich Sauer</b>		4. DATE OF DEATH Month Day Year <b>Oct. 22, 1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>March 8, 1886</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	
10a. FATHER'S NAME <b>Joseph Sauer</b>		10b. MOTHER'S MAIDEN NAME <b>Amelia Mehner</b>	
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <b>No</b>		12. INFORMANT <b>39-Charles Sauer, Perryville, Mo.</b>	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral vascular hemorrhage 7 days</b> DUE TO (b) <b>Arterio sclerosis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>March 63</b> to <b>10-22-63</b> and last saw her/him alive on <b>10-22-63</b> Death occurred at <b>12:00</b> A. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>John R. Englehart Co.</b> (Degree or title)		22b. ADDRESS <b>Lutesville, Mo.</b>	22c. DATE SIGNED <b>12-26-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>10-25-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery, Perryville, Mo.</b>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <b>Albert Bey, Perryville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12/20/63</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Buford Crader</b>

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

Student Embalmer No. \_\_\_\_\_

Student \_\_\_\_\_

**Signed**

Licensed Embalmer No

P. B. Add...

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above